

New York State Department of Health
Child and Adult Care Food Program

AGREEMENT BETWEEN
Sponsoring Organization and Day Care Homes Provider

SECTION A

This AGREEMENT is entered into this _____ day of _____, _____ by and between _____ and _____.

(SPONSORING ORGANIZATION)

(DAY CARE HOME PROVIDER)

This AGREEMENT specifies the rights and responsibilities of the Sponsoring Organization and the Day Care Home Provider as participants in the New York State Department of Health, Child and Adult Care Food Program hereafter referred to as CACFP.

SECTION B – RIGHTS AND RESPONSIBILITIES – SPONSORING ORGANIZATION

- 1) The Sponsoring Organization agrees, in accordance with CACFP Regulations, to:
 - a. Train the Day Care Home Provider, hereinafter referred to as Provider, before beginning participation in the CACFP so the Provider is knowledgeable about the rules and regulations of the Program and the completion of required records.
 - b. Offer additional training sessions at least once a year scheduled at a time and place convenient to the Provider.
 - c. Inform the Provider of the Sponsoring Organization's policies regarding CACFP.
 - d. Respond to a Provider's request for assistance with Program requirements.
 - e. Distribute CACFP record keeping forms to the Provider.
 - f. Reimburse Provider at the prevailing reimbursement rate within five (5) days of receipt of check from New York State. Reimbursement is subject to verification that all meals claimed and reimbursed meet Program requirements.
2. The Sponsoring Organization will visit the Provider, during normal hours of child care operations, to review meal service and the Program records at least three (3) times per year. At least one visit will be conducted unannounced.
3. The Sponsoring Organization may terminate this Agreement with the Provider with or without cause.
4. The Sponsoring Organization must give the Provider the right to appeal when terminated for cause.
5. The Sponsoring Organization may not charge any Provider a fee for participating in CACFP or for the cost of administering the Program.
6. The Sponsoring Organization must inform any Tier 2 providers of their right to choose a reimbursement rate option; receive Tier 2 reimbursement rates for all children in care or receive mixed Tier 1 and Tier 2 reimbursement rates.
7. The Sponsoring Organization must keep the income eligibility information on enrolled children confidential.

NOTE: THE SPONSORING ORGANIZATION MAY HAVE ADDITIONAL POLICIES

SECTION C – RIGHTS AND RESPONSIBILITIES – DAY CARE HOME PROVIDER (See back of form)

I have read Section C on the back of this Agreement _____ (Provider initials)
If I am a Tier 2 Provider, I have selected Option A, B, or C as my reimbursement method
(Check off selected reimbursement method on back of form)

SECTION D – CERTIFICATION

I certify that this Agreement has been read and explained to me by the Sponsor Representative identified on this form. I also certify that I am not participating in the Child and Adult Care Food Program under any other Sponsoring Organization. I understand that reimbursement for meals claimed is given in connection with Federal funds. I also understand that any deliberate misrepresentation of Program records will subject me to prosecution under applicable State and Federal criminal statutes and may result in the permanent termination from CACFP. I certify that I will comply with the rights and responsibilities outlined in this Agreement.

On behalf of the Sponsoring Organization, I certify that I have read and explained this Agreement to the Day Care Home Provider identified on this form. As a Representative of the Sponsoring Organization, I acknowledge that the Sponsoring Organization understands and agrees to comply with the rights and responsibilities outlined in this Agreement.

Signature of Day Care Home Provider

Signature of Sponsoring Organization Representative

Date Signed

Date Signed

SECTION C – RIGHTS AND RESPONSIBILITIES – DAY CARE HOME PROVIDER

1. The Day Care Home Provider agrees, in accordance with the CACFP Regulations, to:
 - a. Attend training prior to participation in the CACFP.
 - b. Attend training as required by the Sponsoring Organization. Number of hours/sessions required will be _____.
 - c. Serve meals that meet the CACFP requirements for the ages of the children being served. The Provider may claim only one meal per child at each meal service. All children claimed must be enrolled in day care according to NYS Office for Children and Family Services (OCFS) requirements. The Provider will not receive reimbursement for meals served to persons who are over 13 years or older except as permitted in Paragraph 11.
 - d. Maintain the following daily records and submit to the Sponsoring Organization:
 - 1) The menu served to enrolled children at each meal each day
 - 2) The number of enrolled children present daily
 - 3) The number of meals served to enrolled children at each meal service
 - e. The Provider must inform the Sponsoring Organization immediately upon a change in:
 - 1) Approved capacity
 - 2) Place of residence or location
 - 3) Income eligibility
 - 4) Telephone number
 - 5) Meals and snacks to be claimed
 - 6) Name Change
 - 7) Hours of operation
 - 8) Number of Program participants, including foster children; and enrollment information for a new participants.
 - 9) Number of days that care will be provided and/or if care is provided on Saturday and Sunday
 - 10) License, registration, enrollment by OCFS, local DSS, New York City Department of Health, or other government agency.
2. The Provider shall make attendance and menu records available to the Sponsoring Organization as required by the Sponsoring Organization. No menus will be accepted for reimbursement after thirty (30) days from the last day of the month for which reimbursement is being claimed. Menus must be submitted by the _____ of each month to ensure timely payment.
3. The Provider may claim meals served to the Provider's own enrolled child(ren) only if income eligible as documented by completing form DOH 4161. The Provider may claim meals served to an income-eligible enrolled foster child(ren) when there is at least one (1) enrolled non-resident child present and being claimed at the same meal service.
4. The Provider will allow each and every representative from the Sponsoring Organization, New York State Department of Health and United States Department of Agriculture to come into their home during normal hours of operation for the purpose of reviewing the CACFP operations and records.
5. The Provider must serve meals to all enrolled children without regard to race, color, national origin, sex, age, or disability.
6. The Provider may terminate this Agreement to participate in the CACFP with or without cause.
7. The provider may transfer to another Sponsoring Organization no more than once every 12 months.
8. The Provider shall have current licensing, approval, registration, or enrollment in accordance with State regulations and be in compliance.
9. The Provider may not have separate charges for meals or snacks.
10. The Provider will provide meals to all children in attendance and must accommodate special dietary requirements.
11. The Provider may be reimbursed for meals served to enrolled migrant children up to the age of 15. Meals served to enrolled functionally impaired persons over the age of 12 may be reimbursable when there is at least one (1) enrolled non-resident child present and being claimed at the same meal service. Portion sizes and meal components must be in accordance with applicable meal patterns.
12. The provider, if determined by the Sponsoring Organization to be eligible for Tier 1 reimbursement rates, will receive this reimbursement rate for all meals served to enrolled children.
13. The provider, if determined by the Sponsoring Organization to be eligible for Tier 2 reimbursement rates, may choose one of the following reimbursement options: (check one)
 - ☐ Receive Tier 2 reimbursement rates for all of the meals served to enrolled children, OR
 - ☐ Request that the Sponsoring Organization distribute income eligibility applications to families of all enrolled children, OR,
 - ☐ Request that income eligibility applications be distributed only to those families known by the **Sponsor** to be categorically eligible for Tier 1 reimbursement rates. The provider will receive a mixed reimbursement rate based upon the number of Tier 1 or Tier 2 eligible children as determined by the Sponsoring Organization.
14. The provider, if choosing reimbursement option 13 (b.), may elect to distribute income eligibility applications on behalf of the Sponsoring Organization. These applications will be completed by the families of enrolled children and returned directly to the Sponsoring Organization to ensure confidentiality.